MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		●				51							
2	1		1				52							
3		1					53							
4		2					54							
5	1		1				55							
6		1		1			56							
7		1		1			57							
8	1		1				58							
9		1		1			59							
10		4		3			60							
11	1						61							
12		1					62							
13		1					63							
14	1	2					64							
15	1						65							
16	1						66							
17	1						67							
18	1						68							
19				3			69							
20				3			70							
21			1				71							
22				1			72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
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35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	9		4				TOTAL IND.							
TOTAL DEP.	14		13				TOTAL DEP.							
TOTAL CLAIMS	23		17				TOTAL CLAIMS							